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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL #
10/070579

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3		1		1		
4		1		1		
5		2		1		
6		1		1		
7		1		1		
8		1		1		
9		0		1		
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TOTAL IND.	2	↓	3	↓		↓
TOTAL DEP.	15	↓	13	↓		↓
TOTAL CLAIMS	17		16			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS